

STATE OF NORTH CAROLINA  
\_\_\_\_\_ COUNTY

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
BEFORE THE CLERK

\_\_\_\_\_ SP \_\_\_\_\_

\_\_\_\_\_  
(Full name of petitioning father)

\_\_\_\_\_  
(Full name of petitioning mother)

**MEDICAL EXAMINATION**

**AS PART OF REPORT TO THE COURT**

**FOR THE ADOPTION OF**

\_\_\_\_\_  
(Full name by which adoptee is to be known if adoption granted)

This is to certify that I examined \_\_\_\_\_,  
born \_\_\_\_\_, and am making the following report on my findings:

Signed \_\_\_\_\_, M.D.

Date \_\_\_\_\_, 19 \_\_\_\_

Address \_\_\_\_\_

**NOTE:**

One Form DSS-1811 is filled in by physician for presentation by director of social services or licensed child-placing agency with form DSS-1808 to the Clerk of Superior Court, who forwards it with the Decree of Adoption to the Division of Social Services, State Department of Health and Human Services.